

# RESIDENTIAL TREATMENT Qualifications Checklist

PROVIDER NAME: \_\_\_\_\_

Control #(s)									
Staff Name									
Date of Hire									
Date(s) of Service									
Paraprofessionals - HS Diploma / GED									
QP- Education and experience									
<b><i>Before date of service:</i></b>									
First Aid (1 person in facility)									
Current CPR (1 person in facility)									
Alternatives to Restrict. Interv.									
Sex Offender Training (if applicable)									
<b><i>Also:</i></b>									
Supervision Plan									
Supervision Plan Implemented									
Disclosure/Crim. Conviction <b><i>(hired prior to 3/24/05)</i></b>									
Criminal Record Check <b><i>(hired after 3/24/05)</i></b>									
HealthCare Registry Check									